

\$600.00 REZONING
\$350.00 ESCROW

ALLENDALE CHARTER TOWNSHIP
OTTAWA COUNTY, MICHIGAN

<u>For Office Use Only</u>	
Case No: _____	Date Received: _____
Tax Parcel No: _____	
Fee Paid: _____	
Date Received: _____	

PETITION FOR ZONING AMENDMENT

Please provide all information requested by typing or printing in ink. Answers should be clear and concise. If additional space is needed, number and attach additional pages. A petition will not be accepted unless accompanied by the proper fee. All information provided herein becomes public record upon submittal. Please submit twelve (12) folded copies of this application and all required documents.

All required information must be submitted at least twenty five (25) day prior to the meeting at which the application is to be considered.

1. Petitioner Information:

A. _____ Petitioners Name:	_____ Address:
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Telephone: (home & business)

B. _____ Owner(s) of the property if different than petitioner.	_____ Address:
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Telephone: (home & business)

2. Action Requested:

A. Rezone from _____ to _____ the property located at
(address if any) _____ legally described as:

B. Text Amendment:

Amend Chapter _____ Article _____ Section(s) _____ to read:

3. General Information:

A. List all deed restrictions to property described in 2A, above. (attach additional pages if needed)

B. Present use of the property is: _____

C. Lot size in acres or square feet: _____

D. Proposed use of property requested in zoning changes: _____

E. Provide the following information:

1. Proposed starting date of any construction: _____

2. Proposed completion date of construction: _____

3. Attach a sketch showing front, rear and side elevations of the proposed building(s) or development to be constructed and the general types of building material and construction to be used.

4. Attach a sketch or plan showing all site improvements to be made including but not limited to landscaping, parking setbacks, location and use of adjacent surrounding structures and land.

